	PATENT APPLICATION FEE DETERMINATION RECOF								RD	P Of H1U80					
Horizon	CLAIMS AS FILED - PART I (Column 1) (Column 2)										EMITY			RTHAN	
	FOR NUMBER								1	TYPE	FEE	OR T	RATE	ENTITY	
	BASIC FEE											OR	4.7.4	760.00	
	TOTAL CLAIMS			4U minus 20=						X\$ 9=		OR	1/2.2	437	
	NDEPENDENT CLAIMS			minus 3 =						X39=		1	X78=	175	
	MULTIPLE DEPENDENT CLAIM PRESENT									+130=	1	OA			
[•	If the difference in column 1 is less than zero, enter "O" in column 2									TOTAL	╬	OR OR	+260=	1192	
	CLAIMS AS AMENDED - PART II									10112	<u></u>	gon.	OTHER	THAM	
ار	1	// 9/49 (Column 1) (Column 2) (Column 3)								SWALL	ENTITY	OR	SMALL		
	RENDMENT A		REM	ADDING TER COMENT		NUMBER PREVIOUSLY PAID FOR	AIMBER EVIOUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Š	Total	٠٢	14	Minus		44	-0		X\$ 9=		OR	X\$18=		
•	Ĭ	Independent FIRST PRESE	NTATIO	N OF M	Minus VLTIPLE DE	PEND	ENT CLAIM	-4		X39=		OR	X78=		
ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130=		OR	+260=			
									A	TOYAL	-11	OR	TOTAL ADDIT, FEE		
F	-	(Column 1) (Column 2) (Column 3)									2				
n.			A	AHENG TER DIMENT		PA	RAMBER EVIOUSLY VAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Š	AMENDMENT	Total	• 4	4	Minus	-	44	-/-	·	X\$ 9=		OR	X\$18=	,	
8	Į	Independent FIRST PRESE	NTATIO	N OF M	Minus ULTIPLE DE	PEND	SNT CLAIM	I-/		X39=	7	OR	X78=		
No.	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+130=		CR	+260≖		
	(9-1375 (Column 1) (Column 2) (Column 3)								DOTT. FEE		JOR	ADDIT, FEE		
	-	CAIMS REGREST									ADDI-	A 6			
le	•	a	AMEN	TER DHENT		PR	EUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMEMDARE		Total Independent	• 4	4	Minus	-	41 -	•		X\$ 9=		OR	X\$18=		
70	į	FIRST PRESE	NTATIO	N OF MI	Minus JLTIPLE DEF	PEND	ENT CLAIM			X39-		OR	X78≈		
	* If the entry in column 1 is less than the entry in column 2, write "O" in column 3. " If the "Righest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									+130=		OR	+260-		
•		I the "Highest Nurs The "Highest Nurs	NOOF PTO	чашу Р	ild For IN THE	r rdi	CF in lare the			OIT. FEE	Popriete Bo	OR ,	TOTAL LODIT. FEE JIMO 1.		
	_	Proens		,				·		7					

AS. DEPARTMENT OF OUMERCE \$ 0.1. \$70:1816-454-412/90201